

TRICARE Northwest

Inside this issue:

New Active Duty Clinic at Fairchild	1, 4
New Clinic Coming to McChord	1, 2
Navy Surgeon Spearheads Joint Service Operation	2
Uniformed Health Services Plan Portability Option	3
Three Madigan Soldiers Win Hammer Award	3

Calendar of Events

March

16th, 0930: Regional Breast Cancer Action Team. VTC. POC: Carol Campbell (253) 968-0744; DSN 782.

New Active Duty Clinic at Fairchild Air Force Base

In an effort to improve healthcare access and quality of care for all of its patients, the 92nd Medical Group at Fairchild AFB has developed an active-duty clinic in its Flight Surgeon's Office (FSO). The clinic, open from 6 a.m. to 6 p.m. weekdays, will also result in closer coordination of active-duty care between the squadron and the provider.

"Each squadron will have a provider assigned

from the FSO who will guide the care of the entire squadron," explained Flight Medicine Commander Dr. Tom Clarke. "This will help foster a relationship between the patient, commander, first sergeant, and the provider as well as develop a better understanding of medical conditions and their effects on the operations of the unit." Clarke added that the reorganization also increases the effectiveness

of squadron occupational medicine training.

Since the FSO has routinely cared for active-duty service members in the past, those requiring military unique actions such as Medical Evaluation Boards, profile management and deployment clearances will benefit from the clinic familiarity with such actions. It will also al-

(Continued on page 4)

New Clinic Coming to McChord

In addition to the McChord AFB Headquarters, often referred to as the "castle," a "crystal palace" will be constructed at the base during the next two years. The "crystal palace" is the nickname for the new 62nd Medical Group Clinic that will serve McChord's 12,000 TRICARE Prime enrollees.

"The clinic derives its nickname from the glass that will dominate the structural exterior," explained Paula Case, Chief

of the 62nd Medical Group's Development Directorate. "It promises to consolidate the functions currently being performed in 13 separate buildings into one structure," she added. Not only will the new clinic create one stop shopping for health care services on the airbase, Case explained, it will add 38,341 square feet in clinic space. The two-story structure will include an elevator, an im-

proved reception area, bigger waiting rooms, and some improvements such as locker rooms, showers and staff lounges that are unavailable in the current clinic. "We think the location on A Street, just inside the main gate is ideal for patient convenience, as well," Case added. The \$19.7 million facility will also include new, state-of-the-art equipment. Case is hopeful that digital radiology will have

migrated from Madigan Army Medical Center to the clinic by that time.

The contract will be awarded June 7, with the groundbreaking to follow sometime this summer. It is expected to take from 18 to 24 months to complete. A new clinic has long been planned for the airbase. A 1985 plan was scrapped due to the construction of the new Madigan facility

Navy Surgeon Spearheads Joint Services Operation By Judith A. Robertson, Public Affairs Officer

A Navy orthopedic surgeon from Naval Hospital Bremerton led the first joint service medical team to Sri Lanka as part of the month-long Blast Resuscitation and Victim Assistance program, Oct. 1, 1998. The second military medical team will depart April 11, 1999.

"This was an outstanding opportunity to gain exposure to patients who have sustained war injuries. It provided the opportunity to learn from the Sri Lankans who have extensive experience in treating these patients and to impart some of our knowledge to their medical personnel," said Capt. Dana Covey, MC, USN, who led the eight person team. Covey, who is the Director of Surgical Services at Naval Hospital Bremerton, said the precept of BRAVA is to conduct education and training in acute surgical management of landmine and blast injuries.

"This project was the brainchild of Cmdr. John Olsen, MC,

USN," said Covey. "With funding coming from the Dept. of Defense Office of Peacekeeping and Humanitarian Assistance where Olsen worked, the Commander in Chief of the Pacific Command (CINCPAC) authorized the BRAVA 99-1 mission." Six military medical professionals from the Navy, Army and Air Force, augmented by two force protection personnel, comprised the first team to Sri Lanka.

The island nation, formerly Ceylon, lies like a teardrop off the tip of India in the Bay of Bengal. The country has been torn by civil war between government forces and the separatist Tamils, leaving 55 thousand dead and tens of thousands wounded, many by exploding ordnance.

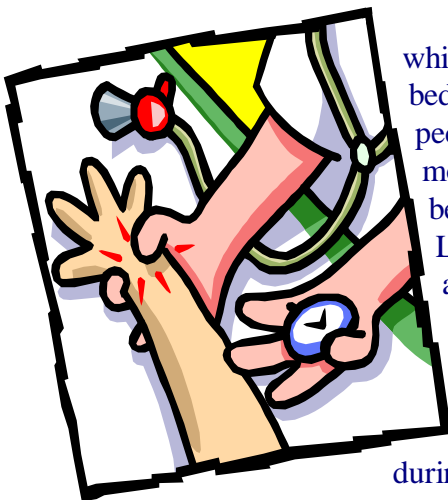
The BRAVA medical team, consisting of two orthopedic surgeons, a general surgeon, an operating room technician, an anesthetist and a physical therapist, worked at the 28 hundred-

bed National Hospital in Colombo. "It is the largest medical center in Sri Lanka and it treats both military and civilian patients who sustain war wounds," Covey said.

Just before the team arrived, heavy fighting had occurred near a couple of the towns and many of the patients were admitted to National Hospital. The hospital had over three thousand inpatients at any given time. Some had to be put on the floor and supplies and equipment were in short supply. According to Covey, Operation BRAVA directly addresses the need to increase the readiness of military medical personnel to treat combat casualties.

"It is very important to continue and build upon the groundwork laid during the first BRAVA mission. The Navy will continue to provide personnel to future joint service BRAVA teams," said Covey. General surgeon, Cmdr. James Schneider, MC, USN, from Naval Hospital Bremerton will accompany the second team in April.

McChord Clinic



which, with an expanded bed capacity, was expected to accommodate most of the military beneficiaries in the Ft. Lewis-McChord AFB area. Ironically, it was Madigan that provided the support needed to revitalize the project during a 1996 economic

feasibility study. Because of the shift in the way that health care is delivered from inpatient to outpatient care, Madigan officials supported the medical group in making the case for the necessity of the new clinic.

"Patients will enjoy a well-lighted structure with lots of space, new equipment, and a spec-

tacular view of Mt. Rainier as a bonus," Case concluded. "It doesn't get any better than this."

See page 4 for a picture of the future clinic.

Uniformed Services Family Health Plan (USFHP) Portability Option

Military beneficiaries enrolled with TRICARE Designated Providers under the Uniformed Services Family Health Plan (USFHP) now have greater latitude in accessing health care under a new TRICARE portability option. The option also extends to TRICARE Prime enrollees who wish to transfer their care to the regional TRICARE Designated Provider at Seattle's Pacific Medical Center.

Under the new rules, USFHP enrollees may transfer their enrollment twice during an enrollment year, as long as the second transfer is back to the site of the original enrollment. The transfer does not have to be to another Designated Provider, unless the enrollee is over 65 years of age. Those under 65 may transfer to a TRICARE Prime facility for their care while out of the area, allowing them to

"snowbird" in a warmer location for the winter months.

The portability benefit also allows TRICARE Prime enrollees to transfer their enrollment to a Designated Provider once during an enrollment year without changing their residence. Likewise, USFHP enrollees can opt for TRICARE Prime in the same manner. The new rules went into effect on Oct. 1, 1998.

In addition to Pacific

Medical Center, other TRICARE Designated Providers are: Bayley Seton Hospital, Staten Island, N.Y.; Johns Hopkins Medical Service Corp., Baltimore, Md.; Brighton Marine Health Center, Boston, Mass.; Martin's Point Health Care Center, Portland, Maine; Fairview Health System, Cleveland, Ohio; and Sisters of Charity of the Incarnate Word, Port Arthur, Nassau Bay and Houston, Texas.

Three Madigan Soldiers Win Hammer Award



Three Madigan Army Medical Center medical clerks are this year's Hammer Award Recipients. Michelle Rehn, Wanda Williams, and Judy Bartusch, all medical clerks in the Physical Examination section of Consolidated Troop Medical Clinic, saved the U S government thousands of dollars, and shortened soldiers' waiting periods for Veteran Administration

retirement benefits.

The Hammer Award was authorized by Vice President Al Gore. The award symbolizes how bureaucratic red tape is smashed and a soldier's time is saved. In 1996, Madigan and two other major medical facilities piloted this VA program to help soldiers pre-qualify for medical veteran's benefits. "Prior to our initiating the VA physicals at MAMC, soldiers had to wait until after they actually departed the military before they could file a claim against the Veterans Administration," Bartusch explained. "That meant a soldier

could wait almost a year or longer before getting their benefits." Soldiers who think they may have a claim can now get their VA physical before they retire. However, they must contact TRICARE and schedule an appointment for a physical. The Madigan trio also saved the government a huge bundle of money, but Williams said they have not yet calculated the costs. "Now that the soldiers only have to get one physical, the costs for medical tests, lab work and doctor's pay are cut in half," Williams said.

Since the commence-

ment of the VA physical program at Madigan, it ranks top in the nation. "During the last three years, Madigan performed more physicals and processed more soldiers through the system than the other two pilot facilities involved in the start-up program," award recipient Rehn says. Rehn says soldiers begin their physicals in her office, the CTMC, and qualified VA recipients finish in the Veteran's office in a timely fashion.

Active Duty Clinic at 92nd

(Continued from page 1)

low for greater clinic control of military specific issues.

Non-active duty patients will benefit as well. Not only will they enjoy improved access to the Family Medicine Clinic (formerly primary care), but clinic personnel will be able to provide more focus to family member and retiree needs, according to Family Member Clinic Commander Dr. Tim Guthrie. "By eliminating active duty programs from the primary care clinic, providers are able to dedicate time to patients previously used for administrative duties. In the short term there will also be an increase in capacity due to the movement of AD patients to flight medicine," he said.

While developing the clinic structure and hours, the 92nd Medical Group did something almost unheard of in the past. They inquired with the customers to determine what would be optimal for them. This interaction resulted in segmented walk-in hours for various shifts and duties. Those working a graveyard shift, for example, could walk-in from 6 to 7 a.m. before going to bed; those working swings can walk-in from 3 to 4 p.m., times coinciding with the start of their shifts. Aviators can walk-in from 7 to 8 a.m. and from 12 to 1 p.m., and all other active duty can walk-in from 8 to 9 a.m. Active-duty appointments are available at the clinic throughout the day.

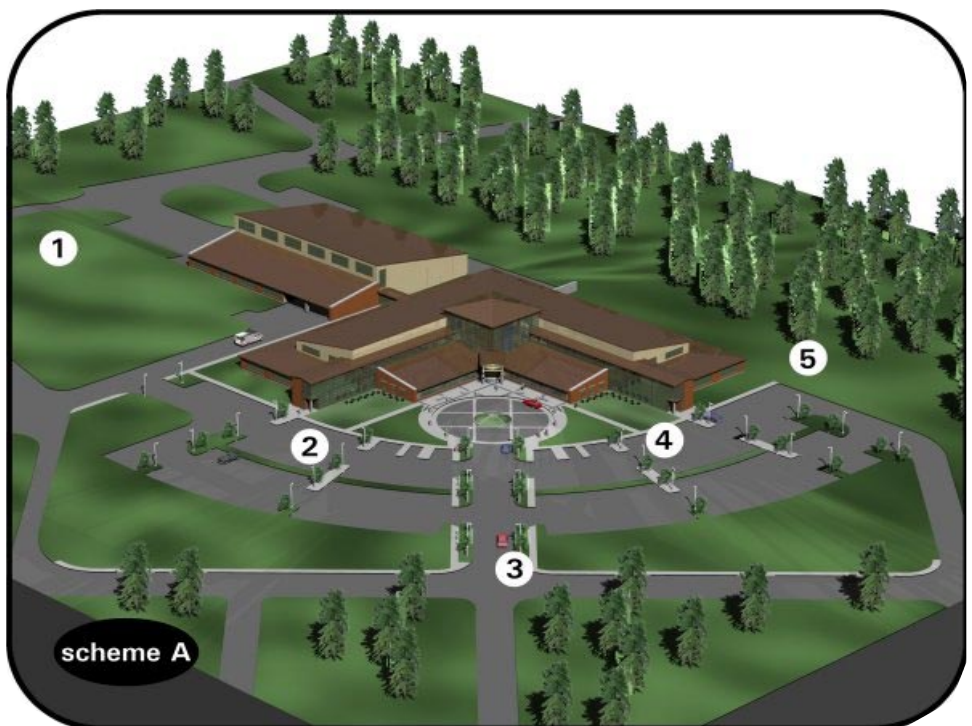
The clinical reorganization is expected to enhance care received by all of the 92nd MG patients during an 8-month construction project designed to improve the hospital's primary care clinic space. Once that construction is completed, the medical group will evaluate whether the reorganization achieved its intended goals.

"If the active duty and dependent population tell us they like the way we are doing business, we will keep this arrangement permanently. If, on the other hand, the arrangement does not provide the identified benefits... care may return to our current methodology or we will look for a new alternative," Clarke concluded.

New DoD Web Site Address:

The Department of Defense's Military Health System Web site has a new address. You can now access the site at www.tricare.osd.mil (the old address was www.ha.osd.mil).

On the site, you'll find TRICARE information, news about military health care, discussions of military health issues, policy documents, information about the National Mail Order Pharmacy Program, the retiree, reserve and active-duty family member dental plan, and more.



Future McChord AFB 62nd Med Group Clinic